



KANSAS CORPORATION COMMISSION 1108903
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31486
Name: Horton, Jack
Address 1: PO BOX 97
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 0097
Contact Person: Jack Horton
Phone: (620) 249-4476
CONTRACTOR: License # 31486
Name: Horton, Jack
Wellsite Geologist: Fred Jones
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>9/29/2007</u>	<u>10/1/2007</u>	<u>10/8/2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-31445-00-00
Spot Description: _____
SE NE NE SW Sec. 1 Twp. 34 S. R. 14 East West
2225 Feet from North / South Line of Section
2838 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: KURTIS Well #: 1
Field Name: _____
Producing Formation: Wayside
Elevation: Ground: 865 Kelly Bushing: 869
Total Depth: 704 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 300 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>01/29/2013</u>

1108903

Operator Name: Horton, Jack Lease Name: KURTIS Well #: 1
Sec. 1 Twp. 34 S. R. 14 [x] East [] West County: Montgomery

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [] Yes [x] No
Samples Sent to Geological Survey [] Yes [x] No
Cores Taken [] Yes [x] No
Electric Log Run [x] Yes [] No
Electric Log Submitted Electronically [] Yes [x] No

[x] Log Formation (Top), Depth and Datum [] Sample
Name Top Datum
Wayside

List All E. Logs Run:
gamma ray neutron

CASING RECORD [] New [x] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: Purpose of String, Size Hole Drilled, Size Casing Set (In O.D.), Weight Lbs. / Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No

Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease (If vented, Submit ACO-18.)
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled (Submit ACO-5) [] Other (Specify)
PRODUCTION INTERVAL:

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8878

TICKET NUMBER 12742
 LOCATION Earth
 FOREMAN Tony Pickett

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-07	3546	Kurtis #1	1	J4	14	MC
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			445	Jordan		
P.O. Box 97			502	Haith		
CITY	STATE	ZIP CODE				
Sedan	Ks					

JOB TYPE Logstring HOLE SIZE _____ HOLE DEPTH 704' CASING SIZE & WEIGHT 2 3/8"
 CASING DEPTH 676' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 18.0" SLURRY VOL 19.5BM WATER gal/sk 8.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 400 DISPLACEMENT PSI 400 MIX PSI 900 RAY/ly _____ RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8" Tubing. Break Circulation w/ 1000 water.
Pump 300 Gal - Flush. 1000 water. Mixed in site. Thick set cement w/ 5" Gal - Seal 90
+ 10" Flange 100 @ 15.0" Gal. Water out Pump + line. Stuff 2 Plug. 1000
w/ 400 water. Final Pumping Pressure 400 PSI. Pump Plug to 700. Shut
Tubing in @ 400 PSI Good Cement to surface = 5000 Slugs to fill.

Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	210.00	210.00
5406	40	MILEAGE	3.70	148.00
1126A	6500	Thick Set Cement	15.00	97500.00
1102A	325	Kal-Seal 5" 1/2	.38	123.50
1107	16	Flange 10"	1.90	30.40
1102A	400	Gal-Flush	.15	60.00
5407		Ten-Mileage Bulk Truck	0.6	24.00
4402	2	2 3/8" Top Rubber Plug	20.00	40.00
		Thank You!		
			Sub Total	2511.90
			5.3% SALES TAX	66.51
			ESTIMATED TOTAL	2578.41

AUTHORIZATION _____ TITLE _____ DATE _____